

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

839  
Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1-31-00

Rang  
J# 12,16,16 rec'd 3-15-00  
H10  
RSD

1000749

**Instructions**

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Mayes Adrian N.  
Last First MI
2. BUSINESSPHONE 225-343-9243  
Area Code and Phone Number
3. BUSINESS ADDRESS 1755 Nicholson Drive Baton Rouge, Louisiana 70802  
Street and No. City State Zip
- MAILING ADDRESS P.O. Box 479 Baton Rouge, LA 70821-0479  
Street and No. City State Zip
4. EMPLOYER Louisiana Association of Educators
5. EMPLOYER'S ADDRESS 1755 Nicholson Drive Baton Rouge, LA 70802  
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name Louisiana Association of Educators
- Address 1755 Nicholson Drive Baton Rouge, LA 70802
- Business or purpose Educational
- Does this person pay you? Yes
- If No, who pays you? \_\_\_\_\_

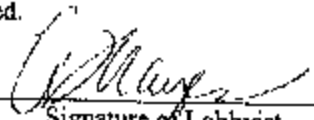
# LOBBYING REGISTRATION FORM

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2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

